

Certificate to Sell Securities as Agent@

AForm 441-1 (Rev. 10/2000)

Producer Licensing Bureau
P.O. BOX 1139
SACRAMENTO, CA 95812-1139

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For Department Use |
FOR:
Refund _____
OS _____
Issued _____
Checked by _____
Cert. No. _____
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APPLICATION to the Insurance Commissioner of the State of
California for CERTIFICATE TO SELL SECURITIES AS AGENT

(Name of Company)

This Application Does Not Authorize the Applicant to
Negotiate or Effect the Sale of Securities Until License
is Issued.

SEE FEE CHART FOR FILING FEE

EVERY QUESTION MUST BE ANSWERED
(A dash or line is not an answer. Failure to answer every
question fully and correctly may result in penalty to you.)

1. Print Full Name of Applicant _____
2. Social Security Number _____
3. Residence Address _____
Street and Number City County Zip Code
4. Length of Residence at Above Address _____
5. Prior Address _____
Street and Number City County Zip Code
6. Length of Residence at Above Address _____
7. Are you now or have you ever used any individual or business name other than that set forth in Question 1? _____ If your answer is "Yes", give each such name and reason used.

8. Have you ever been licensed by any Public Authority? _____
9. Have any of the following occurred: (a) Have you ever been convicted of any crime (including military, but excluding traffic offenses); or (b) have you ever pled guilty to a crime, entered a plea of nolo contendere, received or been issued an order of probation, order suspending sentence, pardon, or order of dismissal based on withdrawal of a plea or vacation of a verdict; or (c) has any professional, vocational or business license ever been denied, suspended, revoked or conditioned by any public authority; or (d) have you ever withdrawn any such application or surrendered a license to avoid disciplinary action? _____ If your answer to Question 9 is "Yes", please attach an explanatory statement.
10. Date of Birth _____ Place of Birth _____
Sex _____ Color Hair _____ Color Eyes _____ Height _____ Weight _____

11. Give below your occupational and employment record for the past five years (including periods of self-employment, unemployment, school attendance, etc.):

Date of Employment	By Whom Employed	Nature of Work	Reason for Leaving
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I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND

CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE ANY

FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, I AUTHORIZE FINANCIAL INSTITUTIONS TO DISCLOSE TO THE INSURANCE COMMISSIONER RECORDS OF ANY FIDUCIARY ACCOUNT FOR THE DURATION OF THIS CERTIFICATE. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME.

Signature of Applicant

Executed this _____ day of _____, 20____, at _____

City or Town

State

COMPANY STATEMENT OF APPOINTMENT

To the Insurance Commissioner:

_____ has investigated or has caused to be investigated the experience, character and past record or dealings of the applicant herein, and knowing the applicant is worthy of a certificate, does hereby appoint the applicant as its agent, and requests that the foregoing application be granted.

Name of Company

Authorized Representative

Dated: _____